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T. HAMPTON

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: PAI		IENT SERVICES,	46
•	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	MAR	iA C. ROBLES	
		Name of Person	
•			
		Firm/Company	
	7751 /	U.W. 174 TEN	2
		Address	
	HIALESL	Fl. 33015	
	1	City/State and Zip Code	/
	E-mail address; (to	City/State and Zip Code 17 @ BE/South. No be used for future unnual report notification	<u>E </u>
For further information of	concerning this matter, please ca		
MARIA	C. ROBLES	at (786 488-8	837
Name o	of Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM INVESTM	ient SERVICES, LL	C
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on <u>03/24/20</u>	10 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	l liability company here:	2013 SEP 19 SECRE WAY
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation	"LLC" for the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES.	5035 PAIM S HIALEAH, PL 3	AVE = 3012
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	5035 PALM. HIALEAL RI.	1VE 33012
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:	MARIA C. ROBLES	3
New Registered Office Address:	751 NW. 174 T	EA
<u>H1</u>	ALEM , Florida	33015 Zin Code
New Registered Agent's Signature, if changing Registered A		LIP COUL

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana MGRM = Ma	ger naging Member	NEW	
<u>Title</u>	Name	Address	Type of Action
	MARIA C. Robles	7751 N.W. 174 TER	Add
		41Alesh Fl. 33015	Remove
MGRM	Fresh Noceda Cola	9990 SW 3rd St	Add
		Miami, FL 33174	Remove
			Add
			Remove SEP Add Remove
			Add
			Add Remove

~	
_	
-	
-	09/09/2013
_	M
	Signature of a member or authorized representative of a member
	MARIA C. ROBLES
	Typed or printed name of signee

Filing Fee: \$25.00

2013 SEP 19 PM12: J4